

Fill in this information to identify the case:

Debtor name **Precise Graphix, LLC**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF PENNSYLVANIA**

Case number (if known) **21-12663**

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p>Andy A. Schurawlow 508 Brenner Road Apt. 102 Allentown, PA 18104</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Medical deduction reimbursement</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$254.50	\$254.50
2.2	<p>Priority creditor's name and mailing address</p> <p>Anthony B. Lamberti 41 Frutchey Court Mount Bethel, PA 18343</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Wages, medical deduction reimbursement</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$3,904.99	\$3,904.99

Debtor	Name	Case number (if known)	21-12663
2.3	Priority creditor's name and mailing address Barry J. Goerlich 1320 North Blvd. Bethlehem, PA 18017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,555.30 \$7,555.30
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages, expense reimbursement, medical deduction reimbursement	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.4	Priority creditor's name and mailing address Brian G. Hochstrasser 558 South 24th Street Allentown, PA 18104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,614.48 \$2,614.48
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages, PTO, medical deduction reimbursement	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.5	Priority creditor's name and mailing address Brian S. Lean 3604 Old Philadelphia Pike Bethlehem, PA 18015	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,137.13 \$4,137.13
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages, PTO, medical deduction reimbursement	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.6	Priority creditor's name and mailing address Charles T. Keller 410 Juniper Street Quakertown, PA 18951	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,087.80 \$2,087.80
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: COVID sick pay, medical deduction reimbursement	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Precise Graphix, LLC Name	Case number (if known)	21-12663
--------	-------------------------------------	------------------------	-----------------

2.7	Priority creditor's name and mailing address Christina N. Miller 2878 Huron Street Allentown, PA 18103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$230.75	\$230.75
	Date or dates debt was incurred	Basis for the claim: Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address Christopher A. Mobley 5288 Camp Meeting Road Center Valley, PA 18034	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,253.85	\$3,253.85
	Date or dates debt was incurred	Basis for the claim: Wages, medical deduction reimbursement		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.9	Priority creditor's name and mailing address Daniel C. Mack 2932 Silver Creek Circle Kutztown, PA 19530	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,314.78	\$3,314.78
	Date or dates debt was incurred	Basis for the claim: Wages, medical deduction reimbursement		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10	Priority creditor's name and mailing address Darrell D. Dech 3980 Parestis Barto, PA 19504	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,066.94	\$6,066.94
	Date or dates debt was incurred	Basis for the claim: Wages, PTO, expense reimbursement, medical deduction reimbursement		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Precise Graphix, LLC Name	Case number (if known)	21-12663
--------	-------------------------------------	------------------------	-----------------

2.11	Priority creditor's name and mailing address David M Honeywell 533 Elm Street Emmaus, PA 18049	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$221.60	\$221.60
------	--	--	-----------------	-----------------

Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Medical deduction reimbursement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
---	---

2.12	Priority creditor's name and mailing address David W. English 2537 Grove Street Slatington, PA 18080	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$254.50	\$254.50
------	--	--	-----------------	-----------------

Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Medical deduction reimbursement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
---	---

2.13	Priority creditor's name and mailing address Eric G. Mogerley 254 Five Springs Road Stroudsburg, PA 18360	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,717.52	\$3,717.52
------	---	--	-------------------	-------------------

Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
---	---

2.14	Priority creditor's name and mailing address Erin Church 26 Applewood Drive Easton, PA 18045	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,259.95	\$4,259.95
------	--	--	-------------------	-------------------

Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages, PTO, expense reimbursement, medical deduction reimbursement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
---	--

Debtor	Precise Graphix, LLC Name	Case number (if known)	21-12663
--------	-------------------------------------	------------------------	-----------------

2.15	Priority creditor's name and mailing address George T. Cawley 209 Garfield Street Bethlehem, PA 18017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,776.87	\$3,776.87
Date or dates debt was incurred		Basis for the claim: Wages, medical deduction reimbursement		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.16	Priority creditor's name and mailing address Harold W. Rupell 709 Lafayette Drive Quakertown, PA 18951	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,193.96	\$6,193.96
Date or dates debt was incurred		Basis for the claim: Wages, PTO		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.17	Priority creditor's name and mailing address Jarrett Brooks 528 North Refwal Street Allentown, PA 18102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,097.20	\$4,097.20
Date or dates debt was incurred		Basis for the claim: Wages, PTO, medical deduction reimbursement		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.18	Priority creditor's name and mailing address Jason Rackawack 503 Race Street Catasauqua, PA 18032	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,216.55	\$4,216.55
Date or dates debt was incurred		Basis for the claim: Wages, medical deduction reimbursement		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Precise Graphix, LLC Name	Case number (if known)	21-12663
--------	-------------------------------------	------------------------	-----------------

2.19	Priority creditor's name and mailing address Jeremy J. Dombroski 218 Tudor Drive North Wales, PA 19454	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$14,379.28	\$13,650.00
Date or dates debt was incurred		Basis for the claim: Wages, medical deduction reimbursement		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.20	Priority creditor's name and mailing address Jessica E. Conard 1800 Old Bethlehem Pike Sellersville, PA 18960	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$606.35	\$606.35
Date or dates debt was incurred		Basis for the claim: Medical deduction reimbursement		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.21	Priority creditor's name and mailing address John J. Getty 2501 West Union Street Allentown, PA 18104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,585.51	\$7,585.51
Date or dates debt was incurred		Basis for the claim: Wages, PTO, medical deduction reimbursement		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.22	Priority creditor's name and mailing address Jonathan A. Wagenhurst 744 North 6th Street Allentown, PA 18102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,139.94	\$1,139.94
Date or dates debt was incurred		Basis for the claim: Wages, medical deduction reimbursement		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Precise Graphix, LLC Name	Case number (if known)	21-12663
--------	-------------------------------------	------------------------	-----------------

2.23	Priority creditor's name and mailing address Josh E. Baker 23 North 4th Street Emmaus, PA 18049	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,309.33	\$3,309.33
Date or dates debt was incurred		Basis for the claim: Wages, PTO		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.24	Priority creditor's name and mailing address Justin M. Biter 1900 Empire Avenue Northern Cambria, PA 15714	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,326.92	\$2,326.92
Date or dates debt was incurred		Basis for the claim: Wages, PTO		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.25	Priority creditor's name and mailing address Kelly Homond 1132 North 18th Street Allentown, PA 18104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$203.60	\$203.60
Date or dates debt was incurred		Basis for the claim: Medical deduction reimbursement		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.26	Priority creditor's name and mailing address Kevin E. Strohl 49 Victoria Drive Barto, PA 19504	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,721.42	\$9,721.42
Date or dates debt was incurred		Basis for the claim: Wages, PTO, medical deduction reimbursement		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Precise Graphix, LLC Name	Case number (if known)	21-12663
--------	-------------------------------------	------------------------	-----------------

2.27	Priority creditor's name and mailing address Kristen L. Luckenbach 5780 Palm Road Zionsville, PA 18092	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,197.60	\$5,197.60
Date or dates debt was incurred		Basis for the claim: Wages, PTO, medical deduction reimbursement		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.28	Priority creditor's name and mailing address Laszlo Laposa 20 Radcliff Road Womelsdorf, PA 19567	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,939.82	\$5,939.82
Date or dates debt was incurred		Basis for the claim: Wages, PTO, expense reimbursement		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.29	Priority creditor's name and mailing address Laurie Szoldatits 4185 Cheyenne Ct. Schnecksville, PA 18078	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$197.14	\$197.14
Date or dates debt was incurred		Basis for the claim: Medical deduction reimbursement		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.30	Priority creditor's name and mailing address Maribel Colon 2426 South Bradford Street Allentown, PA 18103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,363.18	\$2,363.18
Date or dates debt was incurred		Basis for the claim: Wages, medical deduction reimbursement		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Precise Graphix, LLC Name	Case number (if known)	21-12663
--------	-------------------------------------	------------------------	-----------------

2.31	Priority creditor's name and mailing address Matthew Davis 1107 Rhode Island Avenue Lynchburg, VA 24502	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$152.70	\$152.70
------	---	--	-----------------	-----------------

Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Medical deduction reimbursement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
--	---

2.32	Priority creditor's name and mailing address Matthew P. Fisher 5 Shay Lane Oley, PA 19547	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,440.82	\$10,440.82
------	---	--	--------------------	--------------------

Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages, PTO, expense reimbursement, medical deduction reimbursement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
--	--

2.33	Priority creditor's name and mailing address Natalie Frey 529 Highpoint Drive Bartonsville, PA 18321	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,583.76	\$5,583.76
------	--	--	-------------------	-------------------

Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
--	---

2.34	Priority creditor's name and mailing address Nathaniel Dennis 15 Northgate Blvd. 1st Floor Easton, PA 18045	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$606.35	\$606.35
------	---	--	-----------------	-----------------

Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Medical deduction reimbursement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
--	---

Debtor	Precise Graphix, LLC Name	Case number (if known)	21-12663
--------	-------------------------------------	------------------------	-----------------

2.35	Priority creditor's name and mailing address Pamela A. Beattie 2841 Hope Ridge Drive Easton, PA 18045	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,069.98	\$7,069.98
Date or dates debt was incurred		Basis for the claim: Wages, PTO, medical deduction reimbursement		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.36	Priority creditor's name and mailing address Paul R. Clymer 4221 Lynn Avenue Reading, PA 19606	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$152.70	\$152.70
Date or dates debt was incurred		Basis for the claim: Medical deduction reimbursement		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.37	Priority creditor's name and mailing address Premattee Albright 318 South Fifth Street Emmaus, PA 18049	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,776.42	\$2,776.42
Date or dates debt was incurred		Basis for the claim: Wages, PTO, medical deduction reimbursement		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.38	Priority creditor's name and mailing address Robert A. Nickol 1704 Butztoen Road Bethlehem, PA 18017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$12,896.45	\$12,896.45
Date or dates debt was incurred		Basis for the claim: Wages, medical deduction reimbursement		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Precise Graphix, LLC Name	Case number (if known)	21-12663
--------	-------------------------------------	------------------------	-----------------

2.39	Priority creditor's name and mailing address Scott P. Cassel 480 South 10th Street Quakertown, PA 18951	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,572.93 \$4,572.93
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages, PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.40	Priority creditor's name and mailing address Stephanie K. Spina 106 Pinetree Lane Mount Bethel, PA 18343	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,395.94 \$1,395.94
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.41	Priority creditor's name and mailing address Stephanie N. Sam 1124 Rising Sun Road Laurys Station, PA 18059	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,908.72 \$2,908.72
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
--	--	--	-----------------

3.1	Nonpriority creditor's name and mailing address Aetna 10150 So. Centennial Parkway Suite 450 Sandy, UT 84070 Date(s) debt was incurred ____ Last 4 digits of account number 7575	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72,492.68
-----	---	---	--------------------

3.2	Nonpriority creditor's name and mailing address Allegheny Plywood Company 3433 Smallman Street Pittsburgh, PA 15201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,043.58
-----	---	---	--------------------

Debtor	Precise Graphix, LLC Name	Case number (if known)	21-12663
--------	-------------------------------------	------------------------	-----------------

3.3	Nonpriority creditor's name and mailing address American Print Consultants 540 Hollywell Ave Chambersburg, PA 17201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,004.55
3.4	Nonpriority creditor's name and mailing address AmeriGas PO Box 371473 Pittsburgh, PA 15250-7473 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,804.99
3.5	Nonpriority creditor's name and mailing address Bank of America P.O. Box 60073 City of Industry, CA 91716-0073 Date(s) debt was incurred ____ Last 4 digits of account number <u>1730</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55,370.20
3.6	Nonpriority creditor's name and mailing address Bastian Carpet One PO Box 3616 Allentown, PA 18106-3616 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$585.20
3.7	Nonpriority creditor's name and mailing address BB&T P.O. Box 580340 Charlotte, NC 28258-0340 Date(s) debt was incurred ____ Last 4 digits of account number <u>8129</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,173.20
3.8	Nonpriority creditor's name and mailing address BDO 1801 Market Street Suite 1700 Philadelphia, PA 19103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,088.00
3.9	Nonpriority creditor's name and mailing address Bluegrace PO Box 21441 Tampa, FL 33622 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$269.00

Debtor	Precise Graphix, LLC Name	Case number (if known)	21-12663
--------	-------------------------------------	------------------------	-----------------

3.10	Nonpriority creditor's name and mailing address Bowman Trailer Leasing 1801 South 12th Street Allentown, PA 18103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$299.73
------	--	---	-----------------

3.11	Nonpriority creditor's name and mailing address Buss Paint & Wallpaper, Inc. 327 Main Street Emmaus, PA 18049 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,963.55
------	--	---	-------------------

3.12	Nonpriority creditor's name and mailing address C.H. Briggs P.O. Box 825723 Philadelphia, PA 19182-5723 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,678.78
------	--	---	--------------------

3.13	Nonpriority creditor's name and mailing address Canon Financial Services 14904 Collections Center Drive Chicago, IL 60693-0149 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,898.88
------	---	---	--------------------

3.14	Nonpriority creditor's name and mailing address Canon Solutions America, Inc 100 Park Blvd Itasca, IL 60143 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$508.48
------	--	---	-----------------

3.15	Nonpriority creditor's name and mailing address Capital One P.O. Box 70885 Charlotte, NC 28272-0885 Date(s) debt was incurred ____ Last 4 digits of account number <u>3218</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,183.59
------	---	---	--------------------

3.16	Nonpriority creditor's name and mailing address Capital One P.O. Box 70885 Charlotte, NC 28272-0885 Date(s) debt was incurred ____ Last 4 digits of account number <u>2544</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,826.70
------	---	---	--------------------

Debtor	Precise Graphix, LLC Name	Case number (if known)	21-12663
--------	-------------------------------------	------------------------	-----------------

3.17	Nonpriority creditor's name and mailing address Celtic Stone 1059 N. Fenwick St. Allentown, PA 18109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,259.00
------	---	---	-------------------

3.18	Nonpriority creditor's name and mailing address Centerline Steel LLC 208 W. Davis Industrial Dr. St. Augustine, FL 32084 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$271.36
------	---	---	-----------------

3.19	Nonpriority creditor's name and mailing address Cepha Inc 1000 Delsea Drive F1 Delsea, NJ 08093 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,232.41
------	--	---	-------------------

3.20	Nonpriority creditor's name and mailing address Certify, Inc. PO Box 780965 Philadelphia, PA 19178-0965 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$671.00
------	--	---	-----------------

3.21	Nonpriority creditor's name and mailing address CFGH Holdings, LLC PO Box 791561 Baltimore, MD 21279 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,633.63
------	---	---	-------------------

3.22	Nonpriority creditor's name and mailing address Chase Cardmember Services P.O. Box 1423 Charlotte, NC 28201-1423 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,606.12
------	---	---	--------------------

3.23	Nonpriority creditor's name and mailing address Chemical Concepts 410 Pike Road Huntingdon Valley, PA 19006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,010.68
------	--	---	-------------------

Debtor	Precise Graphix, LLC Name	Case number (if known)	21-12663
--------	-------------------------------------	------------------------	-----------------

3.24	Nonpriority creditor's name and mailing address Chesapeak Plywood 3400 East Biddle Street Baltimore, MD 21213 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,783.30
------	--	---	--------------------

3.25	Nonpriority creditor's name and mailing address Cintas PO Box 631025 Cincinnati, OH 45263-1025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$596.66
------	---	---	-----------------

3.26	Nonpriority creditor's name and mailing address Circle Graphics 120 9th Avenue Longmont, CO 80501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,411.50
------	--	---	-------------------

3.27	Nonpriority creditor's name and mailing address Conestoga dpi LLC 181 E. Stiegel St. Suite 100 Manheim, PA 17545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,232.33
------	---	---	-------------------

3.28	Nonpriority creditor's name and mailing address D & P Custom Lights PO Box 90465 Nashville, TN 37209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,678.29
------	---	---	--------------------

3.29	Nonpriority creditor's name and mailing address D.C. Distributing, Inc. 390 Abbottstown Pike Abbottstown, PA 17301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$259.78
------	---	---	-----------------

3.30	Nonpriority creditor's name and mailing address Dave's Supermarket c/o David M. Neumann, Esquire Eton Tower 28601 Chagrin Blvd., Suite 600 Beachwood, OH 44122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deposit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
------	---	---	--------------------

Debtor	Precise Graphix, LLC Name	Case number (if known)	21-12663
--------	-------------------------------------	------------------------	-----------------

3.31	Nonpriority creditor's name and mailing address Department of the Treasury Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346 Date(s) debt was incurred <u>2019 / 2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Tax obligations</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,199,068.23
------	---	---	-----------------------

3.32	Nonpriority creditor's name and mailing address Diaz Manufacturing 747 Grow Ave Montrose, PA 18801 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$698.61
------	---	--	-----------------

3.33	Nonpriority creditor's name and mailing address Discount Waste, Inc 3595 Engineering Drive Norcross, GA 30092 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,945.37
------	--	--	-------------------

3.34	Nonpriority creditor's name and mailing address Discover PO Box 742655 Cincinnati, OH 45274-2655 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>4991</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,515.98
------	---	--	-------------------

3.35	Nonpriority creditor's name and mailing address Eastcoast Cutter Inc 1940 Camp Swatara Road Myerstown, PA 17067 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,649.96
------	--	--	-------------------

3.36	Nonpriority creditor's name and mailing address Eastern Surfaces 601 S. Tenth Street Allentown, PA 18103 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,119.00
------	---	--	--------------------

3.37	Nonpriority creditor's name and mailing address Eugene T Parzych, Inc 2300 Trumbauersville Rd. PO Box 48 Trumbauersville, PA 18970 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,490.20
------	---	--	--------------------

Debtor	Precise Graphix, LLC Name	Case number (if known)	21-12663
--------	-------------------------------------	------------------------	-----------------

3.38	Nonpriority creditor's name and mailing address Fessenden Hall of PA, Inc. 3021 Industry Drive Lancaster, PA 17603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,615.91
------	---	---	--------------------

3.39	Nonpriority creditor's name and mailing address G&S Fastening Systems, Inc. 600 Front Street Whitehall, PA 18052 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,260.98
------	---	---	-------------------

3.40	Nonpriority creditor's name and mailing address Gillespie Electric, Inc. 1657 State St. East Greenville, PA 18041 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,841.47
------	--	---	--------------------

3.41	Nonpriority creditor's name and mailing address Global Industrial 29833 Network Place Chicago, IL 60673-1298 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.52
------	---	---	----------------

3.42	Nonpriority creditor's name and mailing address Global Shop Solutions P.O Box 840929 Dallas, TX 75284-0929 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,240.00
------	---	---	--------------------

3.43	Nonpriority creditor's name and mailing address Grapek Co. PO Box 598 Scotch Plains, NJ 07076 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117.70
------	--	---	-----------------

3.44	Nonpriority creditor's name and mailing address Greater LV Chamber Of Commerce 158A Northampton Street Easton, PA 18042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,474.00
------	--	---	-------------------

Debtor	Precise Graphix, LLC Name	Case number (if known)	21-12663
--------	-------------------------------------	------------------------	-----------------

3.45	Nonpriority creditor's name and mailing address Green Giant Pest Control 5 Cemetery Road Fleetwood, PA 19522 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$139.92
------	---	---	-----------------

3.46	Nonpriority creditor's name and mailing address Grimco Inc 1585 Fencorp Drive Fenton, MO 63026 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,398.05
------	---	---	--------------------

3.47	Nonpriority creditor's name and mailing address Gross McGinley, LLP 33 South Seventh Street PO Box 4060 Allentown, PA 18105-4060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,729.05
------	---	---	--------------------

3.48	Nonpriority creditor's name and mailing address Hafele America Co. P.O. Box 890779 Charlotte, NC 28289-0779 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,274.69
------	--	---	-------------------

3.49	Nonpriority creditor's name and mailing address Hill Metal Co. 901 New Street Allentown, PA 18102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,000.00
------	--	---	-------------------

3.50	Nonpriority creditor's name and mailing address Identity Group 4 North Walnut St. Slatington, PA 18080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$164,864.03
------	---	---	---------------------

3.51	Nonpriority creditor's name and mailing address Impact Signs & Branding 7301 Old Rutledge Pike Knoxville, TN 37924 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,500.99
------	---	---	--------------------

Debtor	Precise Graphix, LLC Name	Case number (if known)	21-12663
--------	-------------------------------------	------------------------	-----------------

3.52	Nonpriority creditor's name and mailing address Industrial Abrasives Co. 642 N. 8th Street Reading, PA 19601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$358.50
------	---	---	-----------------

3.53	Nonpriority creditor's name and mailing address Ingersoll Rand 15768 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,465.87
------	--	---	-------------------

3.54	Nonpriority creditor's name and mailing address J. Petrocelli Construction Inc. 100 Comac Street Ronkonkoma, NY 11779 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deposit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,000.00
------	--	---	--------------------

3.55	Nonpriority creditor's name and mailing address Justifacts Credential Verification 5250 Logan Ferry Road Murrysville, PA 15668 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$599.30
------	---	---	-----------------

3.56	Nonpriority creditor's name and mailing address Lafferty & Company, Inc. 1100 Hummel Avenue Lemoyne, PA 17043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,966.60
------	--	---	--------------------

3.57	Nonpriority creditor's name and mailing address LD Plastics & Displays 1130 Pearl St. Brockton, MA 02301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$691.47
------	---	---	-----------------

3.58	Nonpriority creditor's name and mailing address Legacy Glass & Mirror 720 Keller Creamery Road Telford, PA 18969 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,250.00
------	---	---	-------------------

Debtor	Precise Graphix, LLC Name	Case number (if known)	21-12663
--------	-------------------------------------	------------------------	-----------------

3.59	Nonpriority creditor's name and mailing address Lehigh Property Services 127 East Federal Street Allentown, PA 18103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,782.00
------	---	---	-------------------

3.60	Nonpriority creditor's name and mailing address Lehigh Valley Fire Protection P.O Box 3233 Allentown, PA 18106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$486.54
------	---	---	-----------------

3.61	Nonpriority creditor's name and mailing address Libertas Funding, LLC c/o The Faskowitz Law Firm, PLLC David Epstein, Esquire 6143 186th Street, Suite 207 Little Falls, NY 13365 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$257,142.15
------	--	--	---------------------

3.62	Nonpriority creditor's name and mailing address LVPG-HealthWorks Billing Office Fairground Medical Center 400 N. 17th Street Suite 207 Allentown, PA 18104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$716.80
------	---	---	-----------------

3.63	Nonpriority creditor's name and mailing address Mann Welding & Fabrication, LLC 2755 Schukraft Road Quakertown, PA 18951 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,921.00
------	---	---	--------------------

3.64	Nonpriority creditor's name and mailing address Materials Inc 40 Burlews Court Building 1 Hackensack, NJ 07601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,982.52
------	---	---	--------------------

3.65	Nonpriority creditor's name and mailing address McMaster-Carr Supply Co. P.O. Box 7690 Chicago, IL 60680-7690 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,681.90
------	--	---	-------------------

Debtor	Precise Graphix, LLC Name	Case number (if known)	21-12663
--------	-------------------------------------	------------------------	-----------------

3.66	Nonpriority creditor's name and mailing address Memory Makers 2528 Quakertown Road Pennsburg, PA 18073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$380.00
------	---	---	-----------------

3.67	Nonpriority creditor's name and mailing address Mid America Woodwork PO Box 2062 St. Charles, MO 63302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$603.05
------	---	---	-----------------

3.68	Nonpriority creditor's name and mailing address ML Properties, LLC, ML Mfg., LLC and Marcus Lemonis c/o Doug Wexler, Esquire 77 West Wacker Drive, Suite 4500 Chicago, IL 60601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400,000.00
------	--	--	---------------------

3.69	Nonpriority creditor's name and mailing address Outwater Plastics Industries P.O. Box 500 Bogota, NJ 07063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,379.37
------	---	---	-------------------

3.70	Nonpriority creditor's name and mailing address Panel/Wood Machinery PO Box 8404 Cherry Hill, NJ 08002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,889.90
------	---	---	-------------------

3.71	Nonpriority creditor's name and mailing address Patwin Plastics, Inc. 2300 East Linden Avenue Linden, NJ 07036 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,381.67
------	---	---	-------------------

3.72	Nonpriority creditor's name and mailing address Pennsylvania Department of Revenue Department 280946 ATTN: Bnakruptcy Division Harrisburg, PA 17128-0946 Date(s) debt was incurred <u>2019 through 2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Tax obligations</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	---	---	----------------

Debtor	Precise Graphix, LLC Name	Case number (if known)	21-12663
--------	-------------------------------------	------------------------	-----------------

3.73	Nonpriority creditor's name and mailing address Pennsylvania Pension Planners 2090 Linglestown Road Suite 201 Harrisburg, PA 17110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,485.00
------	---	---	-------------------

3.74	Nonpriority creditor's name and mailing address Penrac (Enterprise) PO Box 3108 Boston, MA 02241-0001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,660.81
------	--	---	--------------------

3.75	Nonpriority creditor's name and mailing address Penske Truck Leasing Co P.O. Box 827380 Philadelphia, PA 19182-7380 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,188.84
------	--	---	-------------------

3.76	Nonpriority creditor's name and mailing address Pitney Bowes PO Box 371896 Pittsburgh, PA 15250-7896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$326.22
------	---	---	-----------------

3.77	Nonpriority creditor's name and mailing address Pure Water Technology 1200 Corporate Blvd Lancaster, PA 17601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$858.60
------	--	---	-----------------

3.78	Nonpriority creditor's name and mailing address R.E. Daumer Trucking Inc 185 Mud Lane Northampton, PA 18067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,118.34
------	--	---	-------------------

3.79	Nonpriority creditor's name and mailing address Raritan Valley Disposal (Republec Servic PO Box 9001099 Louisville, KY 40290-1099 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,363.82
------	--	---	-------------------

Debtor	Precise Graphix, LLC Name	Case number (if known)	21-12663
--------	-------------------------------------	------------------------	-----------------

3.80	Nonpriority creditor's name and mailing address RCN PO Box 11816 Newark, NJ 07101-8116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,429.03
------	---	---	-------------------

3.81	Nonpriority creditor's name and mailing address Richelieu America Ltd 7021 Sterling Ponds Blvd Sterling Heights, MI 48312-5809 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,288.82
------	---	---	-------------------

3.82	Nonpriority creditor's name and mailing address RJB Contracting, Inc 562 Ridge Road Spring City, PA 19475 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$407,361.37
------	--	---	---------------------

3.83	Nonpriority creditor's name and mailing address Royal Security Services 1369 Route 115 Saylorsburg, PA 18353 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
------	---	---	----------------

3.84	Nonpriority creditor's name and mailing address Russell Plywood, Inc. 401 Old Wyomissing Road Reading, PA 19611 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,361.62
------	--	---	-------------------

3.85	Nonpriority creditor's name and mailing address Safety Services Company 2626 South Roosevelt Street Suite 2 Tempe, AZ 85282 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$406.00
------	--	---	-----------------

3.86	Nonpriority creditor's name and mailing address Selective Insurance Company Box 371468 Pittsburgh, PA 15250-7468 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,124.00
------	---	---	-------------------

Debtor	Precise Graphix, LLC Name	Case number (if known)	21-12663
--------	-------------------------------------	------------------------	-----------------

3.87	Nonpriority creditor's name and mailing address Service By Air PO Box 844722 Dallas, TX 75284-4722 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,889.35
------	---	---	-------------------

3.88	Nonpriority creditor's name and mailing address Sherwin Williams 7411 Industrial Parkway Macungie, PA 18062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,668.14
------	--	---	-------------------

3.89	Nonpriority creditor's name and mailing address Siffron P.O. Box 932397 Cleveland, OH 44193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$351.02
------	--	---	-----------------

3.90	Nonpriority creditor's name and mailing address Simply IT, LLC 1150 Glenlivet Drive Suite B29 Allentown, PA 18106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,915.07
------	--	---	--------------------

3.91	Nonpriority creditor's name and mailing address Smartsheet Inc. Dept. 3421 PO Box 123421 Dallas, TX 75312-3421 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,014.00
------	---	---	-------------------

3.92	Nonpriority creditor's name and mailing address Staples PO Box 6403 Sioux Falls, SD 57117-6403 Date(s) debt was incurred ____ Last 4 digits of account number 0624	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,857.46
------	--	---	-------------------

3.93	Nonpriority creditor's name and mailing address Stiles Machinery, Inc. 3944 Solutions Center Chicago, IL 60677-3009 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$361.70
------	--	---	-----------------

Debtor	Precise Graphix, LLC Name	Case number (if known)	21-12663
--------	-------------------------------------	------------------------	-----------------

3.94	Nonpriority creditor's name and mailing address Sunbelt Rentals, Inc. PO Box 409211 Atlanta, GA 30384-9211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,061.88
------	---	---	--------------------

3.95	Nonpriority creditor's name and mailing address Taylor Northeast 7277 Williams Avenue Allentown, PA 18106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$517.69
------	--	---	-----------------

3.96	Nonpriority creditor's name and mailing address Testrite Instrument 216 S. Newman Street Hackensack, NJ 07601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,642.70
------	--	---	-------------------

3.97	Nonpriority creditor's name and mailing address Toshiba Business Solutions 3620 Horizon Drive Suite 100 King Of Prussia, PA 19406 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,250.98
------	--	---	-------------------

3.98	Nonpriority creditor's name and mailing address Toshiba Financial Services PO Box 70239 Philadelphia, PA 19178-0239 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,062.22
------	--	---	-------------------

3.99	Nonpriority creditor's name and mailing address Total Plastics PO Box 645490 Pittsburgh, PA 15264-5252 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,094.50
------	---	---	--------------------

3.100	Nonpriority creditor's name and mailing address Transamerica Retirement Solutions P.O. Box 21493 New York, NY 10087-4493 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$475.00
-------	---	---	-----------------

Debtor	Precise Graphix, LLC Name	Case number (if known)	21-12663
--------	-------------------------------------	------------------------	-----------------

3.101	Nonpriority creditor's name and mailing address U.S. Bank Equipment Finance PO Box 790448 St. Louis, MO 63179-0448 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,742.24
-------	---	---	-------------------

3.102	Nonpriority creditor's name and mailing address Uline Shipping Supplies PO Box 88741 Chicago, IL 60680-1741 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,734.28
-------	--	---	-------------------

3.103	Nonpriority creditor's name and mailing address UPS Freight 28013 Network Place Chicago, IL 60673-1280 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$241.38
-------	---	---	-----------------

3.104	Nonpriority creditor's name and mailing address Versatek 508 Front Street Lititz, PA 17543 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,631.50
-------	---	---	-------------------

3.105	Nonpriority creditor's name and mailing address Visiontron Corp. 720 Old Willets Path Hauppauge, NY 11788 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$168.86
-------	--	---	-----------------

3.106	Nonpriority creditor's name and mailing address Weis Markets 1000 S Second Street Sunbury, PA 17801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,715.75
-------	--	---	--------------------

3.107	Nonpriority creditor's name and mailing address Wex Bank - Sunoco P.O. Box 6293 Carol Stream, IL 60197-6293 Date(s) debt was incurred ____ Last 4 digits of account number <u>4</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,281.74
-------	--	---	-------------------

Debtor **Precise Graphix, LLC**
Name

Case number (if known) **21-12663**

3.108	Nonpriority creditor's name and mailing address Woodcraft 1543 Lehigh Street Allentown, PA 18103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.24
3.109	Nonpriority creditor's name and mailing address Wurth Baer Supply Company 909 Forest Edge Drive Vernon Hills, IL 60061 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,268.44
3.110	Nonpriority creditor's name and mailing address XPO Global Forwarding, Inc 27839 Network Place Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,706.24

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Linda S. Kagan, Esquire The Kagan Law Group, P.C. 54 West 40th Street New York, NY 10018	Line <u>3.68</u> <input type="checkbox"/> Not listed. Explain ____	—
4.2	Robert A. Pinel, Esquire 1502 Center Street Suite 201 Bethlehem, PA 18018	Line <u>3.68</u> <input type="checkbox"/> Not listed. Explain ____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. \$ <u>161,685.53</u>
5b. Total claims from Part 2	5b. + \$ <u>3,474,214.32</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. \$ <u>3,635,899.85</u>